2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006624

FILED Feb 17, 2011 Secretary of State

Entity Name: NEIGHBORHOOD HEALTH CLINIC, INC.

Current Principal Place of Business: New Principal Place of Business:

121 GOODLETTE RD. N. NAPLES, FL 34102 US

Current Mailing Address: New Mailing Address:

121 GOODLETTE RD. N. NAPLES, FL 34102 US

FEI Number: 59-3546884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUSSELL, DEBORAH ESQ. WESTON, DAVID 3001 TAMIAMI TRAIL N 3828 RADIO RD.

NAPLES, FL 34103 US NAPLES, FL 34104 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID WESTON 02/17/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD

Name: DAVID, WESTON
Address: 3828 RADIO RD.
City-St-Zip: NAPLES, FL 34104 US

Title: SD

Name: MARLAND, MARTHA
Address: 375 FIFTH AVE. SOUTH
City-St-Zip: NAPLES, FL 34102 US

Title: VD

Name: WEIR JR., CLAUDE ESQ
Address: 4550 SHELL RIDGE COURT
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: TD

Name: DALIS, CONNIE CPA

Address: 1148 GOODLETTE RD NORTH City-St-Zip: NAPLES, FL 34102 US

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Name: LASCHEID, WILLIAM P MD Address: 4005 GULF SHORE BLVD N #903

City-St-Zip: NAPLES, FL 34103 US

Title: [

Title:

Name: LASCHEID, NANCY

Address: 4005 GULF SHORE BLVD N #903

City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID WESTON CD 02/17/2011